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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/019746	FILING DATE		
						APPLICANT(S)			
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/	/	51			
2	/	/	/	/	/	52			
3	/	/	/	/	/	53			
4	/	/	/	/	/	54			
5	/	/	/	/	/	55			
6	/	/	/	/	/	56			
7	/	/	/	/	/	57			
8	/	/	/	/	/	58			
9	/	/	/	/	/	59			
10	/	/	/	/	/	60			
11	/	/	/	/	/	61			
12	/	/	/	/	/	62			
13	/	/	/	/	/	63			
14	/	/	/	/	/	64			
15	/	/	/	/	/	65			
16	/	/	/	/	/	66			
17	/	/	/	/	/	67			
18	/	/	/	/	/	68			
19	/	/	/	/	/	69			
20	/	/	/	/	/	70			
21	/	/	/	/	/	71			
22	/	/	/	/	/	72			
23	/	/	/	/	/	73			
24	/	/	/	/	/	74			
25	/	/	/	/	/	75			
26	/	/	/	/	/	76			
27	/	/	/	/	/	77			
28	/	/	/	/	/	78			
29	/	/	/	/	/	79			
30	/	/	/	/	/	80			
31	/	/	/	/	/	81			
32	/	/	/	/	/	82			
33	/	/	/	/	/	83			
34	/	/	/	/	/	84			
35	/	/	/	/	/	85			
36	/	/	/	/	/	86			
37	/	/	/	/	/	87			
38	/	/	/	/	/	88			
39	/	/	/	/	/	89			
40	/	/	/	/	/	90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	3	↓	3	↓		TOTAL IND.	↓		
TOTAL DEP.	40	37	↓	↓		TOTAL DEP.	↓	↓	↓
TOTAL CLAIMS	43	40				TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS